State of Illinois Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

Version -1.0

Last Revision Date: 05-12-2011

State of Illinois

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

B1 Billing Transaction Response

Field	Fie	eld ID											
Numbe	Number Field Name				Format	Size	Pic	HFS Status					
	Accepted Paid												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction C	ode		A/N	2	X(2)	Req					
109	Α9	Transaction C	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Servio	ce		N	8	9(8)	Req					

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B1 Billing Transaction Response

Field	Fie	ld ID						
Numbe	r	Field Name	e		Format	Size	Pic	HFS Status
					Acc	cepted	d Paid	
Respoi	nse In	surance	SITUATIONAL	Segment ID:	25			
111	AM	Segment Ident	ification		A/N	2	X(2)	Req
301	C1	Group ID			A/N	15	X(15)	Sit
524	FO	Plan ID			A/N	8	X(8)	Sit
545	2F	Network Reiml	bursement ID		A/N	10	X(10)	Sit
568	J7	Payer ID Qualif	fier		A/N	2	X(2)	Sit
569	J8	Payer ID			A/N	10	X(10)	Sit

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B1 Billing Transaction Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Acc	epted	l Paid		
Respoi	nse St	atus MANDATORY Seg	ment ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Sit	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	${\rm *Repeating\text{-}Field*}$
131	UG	Additional Message Information Continuity	/	A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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B1 Billing Transaction Response

Field Numbe		eld ID Field Name	2		Format	Size	Pic	HFS Status		
					Acc	epted	d Paid			
Respo	nse Cl	laim	MANDATORY	Segment ID:	22					
111	AM	Segment Identi	fication		A/N	2	X(2)	Req		
455	EM	Prescription/Se	rvice Reference Nui	mber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Numb	er
402	D2	Prescription/Se	rvice Reference Nur	mber	N	12	9(12)	Req		

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B1 Billing Transaction Response

Field Numbe		ld ID Field Name		Format	Size	Pic I	HFS Status
				Acc	epted	l Paid	
Respor	nse Pr	icing MANDATORY Segm	ent ID:	23			
111	AM	Segment Identification		A/N	2	X(2)	Req
505	F5	Patient Pay Amount		N	8	S9(6)v99	Req
506	F6	Ingredient Cost Paid		N	8	S9(6)v99	Req
507	F7	Dispensing Fee Paid		N	8	S9(6)v99	Req
521	FL	Incentive Amount Paid		N	8	S9(6)v99	Sit
562	J1	Professional Service Fee Paid		N	8	S9(6)v99	Sit
566	J5	Other Payer Amount Recognized		N	8	S9(6)v99	Sit
509	F9	Total Amount Paid		N	8	S9(6)v99	Req
522	FM	Basis Of Reimbursement Determination		N	2	9(2)	Req
518	FI	Amount Of Copay/Coinsurance		N	8	S9(6)v99	Sit
346	НН	Basis of Calculation Dispensing Fee		A/N	2	X(2)	Sit
347	HJ	Basis of Calculation Copay		A/N	2	X(2)	Sit

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B1 Billing Transaction Response

Field Numbe		ld ID Field Name	e		Format	Size	Pic	HFS Status			
					Accepted Paid						
Respo	nse Dl	JR/PPS	SITUATIONAL	Segment ID:	24						
111	AM	Segment Ident	ification		A/N	2	X(2)	Req			
567	J6	DUR/PPS Respo	onse Code Counter		N	1	9(1)	Req	*Repeating-Field*		
439	E4	Reason For Ser	vice Code		A/N	2	X(2)	Req	*Repeating-Field*		
528	FS	Clinical Signific	ance Code		A/N	1	X(1)	Req	*Repeating-Field*		
529	FT	Other Pharmac	cy Indicator		N	1	9(1)	Req	*Repeating-Field*		
531	FV	Quantity Of Pro	evious Fill		N	10	9(7)v999	9 Req	*Repeating-Field*		
530	FU	Previous Date	Of Fill		N	8	9(8)	Req	*Repeating-Field*		
532	FW	Database Indic	ator		A/N	1	X(1)	Req	*Repeating-Field*		
533	FX	Other Prescribe	er Indicator		N	1	9(1)	Req	*Repeating-Field*		
544	FY	DUR Free Text	Message		A/N	30	X(30)	Req	*Repeating-Field*		
570	NS	DUR Additiona	l Text		A/N	100	X(100)	Sit	*Repeating-Field*		

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B1 Billing Transaction Response

Field Numbe	_	d ID Field Name		Format	Size	Pic	HFS Status	
				۸۵	contoc	l Daid		
				ACC	cepted	ı Paiu		
Respoi	nse Co	ordination of SITUATIONAL	Segment ID:	28				
111	AM	Segment Identification		A/N	2	X(2)	Req	
355	NT	Other Payer ID Count		N	1	9(1)	Req	
338	5C	Other Payer Coverage Type		A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier		A/N	2	X(2)	Req	*Repeating-Field*
340	7C	Other Payer ID		A/N	10	X(10)	Req	*Repeating-Field*
356	NU	Other Payer Cardholder ID		A/N	20	X(20)	Req	*Repeating-Field*
992	MJ	Other Payer Group ID		A/N	15	X(15)	Req	*Repeating-Field*
143	UW	Other Payer Patient Relationship Code		N	1	9(1)	Req	*Repeating-Field*
144	UX	Other Payer Benefit Effective Date		N	8	9(8)	Req	*Repeating-Field*
145	UY	Other Payer Benefit Termination Date		N	8	9(8)	Req	*Repeating-Field*

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B1 Billing Transaction Response

Field Numbe	_	eld ID Field Nam	ie		Format	Size	Pic	HFS Status					
	Accepted Rejected												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	se Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction Co	ode		A/N	2	X(2)	Req					
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	er ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	er ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	e		N	8	9(8)	Req					

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B1 Billing Transaction Response

Field	Field Field ID										
Number	r	Field Name		Format	Size	Pic	HFS Status				
				Accep	oted R	ejecte	ed .				
Respor	ise In	surance SITUATIONAL Segm	nent ID:	25							
111	AM	Segment Identification		A/N	2	X(2)	Req				
301	C1	Group ID		A/N	15	X(15)	Sit				
524	FO	Plan ID		A/N	8	X(8)	Sit				
545	2F	Network Reimbursement ID		A/N	10	X(10)	Sit				
568	J7	Payer ID Qualifier		A/N	2	X(2)	Sit				
569	J8	Payer ID		A/N	10	X(10)	Sit				

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B1 Billing Transaction Response

Field	Field Field ID									
Numbe	r	Field Name		Format	Size	Pic	HFS Status			
				Accepted Rejected						
Respo	nse St	atus MANDATORY Segment	ID:	21						
111	AM	Segment Identification		A/N	2	X(2)	Req			
112	AN	Transaction Response Status		A/N	1	X(1)	Req			
503	F3	Authorization Number		A/N	20	X(20)	Req			
510	FA	Reject Count		N	2	9(2)	Req			
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*		
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	Sit	*Repeating-Field*		
130	UF	Additional Message Information Count		N	2	9(2)	Sit			
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*		
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	*Repeating-Field*		
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req			
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req			
987	MA	URL		A/N	255	X(255)	Reg			

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B1 Billing Transaction Response

Field	Fie	eld ID							
Numbe	er	Field Nam	e		Format	Size	Pic	HFS Status	
					Accep	ted F	Rejecte	ed	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Nur	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Nur	nber	N	12	9(12)	Req	

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B1 Billing Transaction Response

NS DUR Additional Text

570

Field Numbe		ld ID Field Name	2		Format	Size	Pic I	HFS Status	
				Acce	oted R	Rejected			
Respor	nse Dl	JR/PPS	SITUATIONAL	Segment ID:	24				
111	AM	Segment Identi	ification		A/N	2	X(2)	Req	
567	J6	DUR/PPS Respo	onse Code Counter		N	1	9(1)	Sit	*Repeating-Field*
439	E4	Reason For Service Code			A/N	2	X(2)	Sit	*Repeating-Field*
528	FS	Clinical Significa	ance Code		A/N	1	X(1)	Sit	*Repeating-Field*
529	FT	Other Pharmac	y Indicator		N	1	9(1)	Sit	*Repeating-Field*
531	FV	Quantity Of Pre	evious Fill		N	10	9(7)v999	9 Sit	*Repeating-Field*
530	FU	Previous Date (Of Fill		N	8	9(8)	Sit	*Repeating-Field*
532	FW	Database Indica	ator		A/N	1	X(1)	Sit	*Repeating-Field*
533	FX	Other Prescribe	er Indicator		N	1	9(1)	Sit	*Repeating-Field*
544	FY	DUR Free Text	Message		A/N	30	X(30)	Sit	*Repeating-Field*

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A/N

100 X(100)

Sit

Repeating-Field

B1 Billing Transaction Response

Field	Fie	eld ID												
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status						
	Rejected Rejected													
Respo	nse H	eader	MANDATORY	Segment ID:										
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.					
103	А3	Transaction Code			A/N	2	X(2)	Req						
109	A9	Transaction C	ount		A/N	1	X(1)	Req						
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req						
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'					
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces					
401	D1	Date Of Service	ce		N	8	9(8)	Req						

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B1 Billing Transaction Response

Field	Fie	ld ID							
Numbe	r	Field Name	Format	Size	Pic	HFS Status			
			Rejected Rejected						
Respo	nse St	atus MANDATORY Segment ID:	21						
111	AM	Segment Identification	A/N	2	X(2)	Req			
112	AN	Transaction Response Status	A/N	1	X(1)	Req			
503	F3	Authorization Number	A/N	20	X(20)	Req			
510	FA	Reject Count	N	2	9(2)	Req			
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*		
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	Sit	*Repeating-Field*		
130	UF	Additional Message Information Count	N	2	9(2)	Sit			
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*		
526	FQ	Additional Message Information	A/N	40	X(40)	Sit	*Repeating-Field*		
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req			
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req			

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B2 Reversal Transaction Response

Field	_	eld ID												
Numbe	Number Field Name				Format	Size	Pic	HFS Status						
	Accepted Approved													
Respo	nse H	eader	MANDATORY	Segment ID:										
102	A2	Version/Relea	ase Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.					
103	А3	Transaction C	Code		A/N	2	X(2)	Req						
109	Α9	Transaction C	Count		A/N	1	X(1)	Req						
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req						
202	B2	Service Provid	der ID Qualifier		A/N	2	X(2)	Req	Valid value '01'					
201	B1	Service Provid	der ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces					
401	D1	Date Of Servi	ce		N	8	9(8)	Req						

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B2 Reversal Transaction Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Accep	ted A	pprov	ed	
Respo	nse St	atus MANDATORY Segme	nt ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Req	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Req	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Req	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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B2 Reversal Transaction Response

Field	Fie	eld ID							
Numbe	er	Field Name	è		Format	Size	Pic	HFS Status	
					Accep	ted A	pprov	ed	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Identi	fication		A/N	2	X(2)	Req	
455	EM	Prescription/Se	rvice Reference Num	ber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	rvice Reference Num	ıber	N	12	9(12)	Req	

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B2 Reversal Transaction Response

Field	_	eld ID												
Numbe	er	Field Nan	ne		Format	Size	Pic	HFS Status						
	Accepted Rejected													
Respo	nse H	eader	MANDATORY	Segment ID:										
102	A2	Version/Relea	ase Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.					
103	А3	Transaction C	Code		A/N	2	X(2)	Req						
109	Α9	Transaction C	Count		A/N	1	X(1)	Req						
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req						
202	B2	Service Provid	der ID Qualifier		A/N	2	X(2)	Req	Valid value '01'					
201	B1	Service Provid	der ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces					
401	D1	Date Of Servi	ce		N	8	9(8)	Req						

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B2 Reversal Transaction Response

Field	Fie	ld ID							
Numbe	r	Field Name	Format	Size	Pic	HFS Status			
			Accepted Rejected						
Respo	nse St	atus MANDATORY Segment ID:	21						
111	AM	Segment Identification	A/N	2	X(2)	Req			
112	AN	Transaction Response Status	A/N	1	X(1)	Req			
503	F3	Authorization Number	A/N	20	X(20)	Req			
510	FA	Reject Count	N	2	9(2)	Req			
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*		
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	Sit	*Repeating-Field*		
130	UF	Additional Message Information Count	N	2	9(2)	Sit			
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*		
526	FQ	Additional Message Information	A/N	40	X(40)	Sit	*Repeating-Field*		
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req			
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req			

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B2 Reversal Transaction Response

Field	Fie	eld ID							
Numbe	er	Field Name	e		Format	Size	Pic	HFS Status	
					Accep	ted F	Rejecte	ed	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Nur	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Nur	nber	N	12	9(12)	Req	

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B2 Reversal Transaction Response

Field	Fie	eld ID												
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status						
	Rejected Rejected													
Respo	nse H	eader	MANDATORY	Segment ID:										
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.					
103	А3	Transaction Code			A/N	2	X(2)	Req						
109	Α9	Transaction C	ount		A/N	1	X(1)	Req						
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req						
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'					
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces					
401	D1	Date Of Service	ce		N	8	9(8)	Req						

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B2 Reversal Transaction Response

Field	Fie	ld ID						
Numbe	r	Field Name	Format	Size	Pic	HFS Status		
			Rejected Rejected					
Respoi	Response Status MANDATORY Segment ID:		21					
111	AM	Segment Identification	A/N	2	X(2)	Req		
112	AN	Transaction Response Status	A/N	1	X(1)	Req		
503	F3	Authorization Number	A/N	20	X(20)	Req		
510	FA	Reject Count	N	2	9(2)	Req		
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*	
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	Sit	*Repeating-Field*	
130	UF	Additional Message Information Count	N	2	9(2)	Sit		
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*	
526	FQ	Additional Message Information	A/N	40	X(40)	Sit	*Repeating-Field*	
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*	
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req		
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req		

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B3 Rebill Transaction Response

Field	Fie	eld ID												
Numbe	Number Field Name		Format	Size	Pic	HFS Status								
	Accepted Paid													
Respo	nse H	eader	MANDATORY	Segment ID:										
102	A2	Version/Releas	se Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.					
103	А3	Transaction Code			A/N	2	X(2)	Req						
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req						
501	F1	Header Respor	nse Status		A/N	1	X(1)	Req						
202	B2	Service Provide	er ID Qualifier		A/N	2	X(2)	Req	Valid value '01'					
201	B1	Service Provide	er ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces					
401	D1	Date Of Service	e		N	8	9(8)	Req						

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B3 Rebill Transaction Response

Field	Fiel	d ID						
Number		Field Name			Format	Size	Pic	HFS Status
Respons	se Ins	surance SITU	JATIONAL	Segment ID:	25			
111	AM	Segment Identificati	on		A/N	2	X(2)	Req
301	C1	Group ID			A/N	15	X(15)	Sit
524 I	FO	Plan ID			A/N	8	X(8)	Sit
545	2F	Network Reimburse	ment ID		A/N	10	X(10)	Sit
568 J	J7	Payer ID Qualifier			A/N	2	X(2)	Sit
569 J	J8	Payer ID			A/N	10	X(10)	Sit

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B3 Rebill Transaction Response

Field	Field ID								
Numbe	r	Field Name		Format	Size	Pic	HFS Status		
				Acc	epted	d Paid			
Response Status MANDATORY Segment ID:				21					
111	AM	Segment Identification		A/N	2	X(2)	Req		
112	AN	Transaction Response Status		A/N	1	X(1)	Req		
503	F3	Authorization Number		A/N	20	X(20)	Req		
547	5F	Approved Message Code Count		N	1	9(1)	Sit		
548	6F	Approved Message Code		A/N	3	X(3)	Sit	*Repeating-Field*	
130	UF	Additional Message Information Count		N	2	9(2)	Sit		
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*	
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	*Repeating-Field*	
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*	
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req		
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req		

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B3 Rebill Transaction Response

Field	Fie	eld ID							
Numbe	er	Field Name	9		Format	Size	Pic	HFS Status	
					Aco	cepted	d Paid		
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Identi	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	ber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	ber	N	12	9(12)	Req	

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B3 Rebill Transaction Response

Field Numbe		ld ID Field Name		Format	Size	Pic I	HFS Status
				Acc	epted	l Paid	
Respor	nse Pr	icing MANDATORY	Segment ID:	23			
111	AM	Segment Identification		A/N	2	X(2)	Req
505	F5	Patient Pay Amount		N	8	S9(6)v99	Req
506	F6	Ingredient Cost Paid		N	8	S9(6)v99	Req
507	F7	Dispensing Fee Paid		N	8	S9(6)v99	Req
521	FL	Incentive Amount Paid		N	8	S9(6)v99	Sit
562	J1	Professional Service Fee Paid		N	8	S9(6)v99) Sit
566	J5	Other Payer Amount Recognized		N	8	S9(6)v99	Sit
509	F9	Total Amount Paid		N	8	S9(6)v99	Req
522	FM	Basis Of Reimbursement Determination	1	N	2	9(2)	Req
518	FI	Amount Of Copay/Coinsurance		N	8	S9(6)v99	Sit
346	нн	Basis of Calculation Dispensing Fee		A/N	2	X(2)	Sit
347	HJ	Basis of Calculation Copay		A/N	2	X(2)	Sit

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B3 Rebill Transaction Response

Field	Field Field ID									
Numbe	r	Field Nam	e		Format	Size	Pic I	HFS Status		
					Accepted Paid					
Respo	nse DI	JR/PPS	SITUATIONAL	Segment ID:	24					
111	AM	Segment Ident	ification		A/N	2	X(2)	Req		
567	J6	DUR/PPS Resp	onse Code Counter		N	1	9(1)	Req	*Repeating-Field*	
439	E4	Reason For Ser	vice Code		A/N	2	X(2)	Req	*Repeating-Field*	
528	FS	Clinical Signific	ance Code		A/N	1	X(1)	Req	*Repeating-Field*	
529	FT	Other Pharma	cy Indicator		N	1	9(1)	Req	*Repeating-Field*	
531	FV	Quantity Of Pro	evious Fill		N	10	9(7)v999	Req	*Repeating-Field*	
530	FU	Previous Date	Of Fill		N	8	9(8)	Req	*Repeating-Field*	
532	FW	Database Indic	ator		A/N	1	X(1)	Req	*Repeating-Field*	
533	FX	Other Prescrib	er Indicator		N	1	9(1)	Req	*Repeating-Field*	
544	FY	DUR Free Text	Message		A/N	30	X(30)	Req	*Repeating-Field*	
570	NS	DUR Additiona	l Text		A/N	100	X(100)	Sit	*Repeating-Field*	

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B3 Rebill Transaction Response

Field	Fiel	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Acc	cepted	d Paid		
Respor	nse Co	oordination of SITUATIONAL	Segment ID:	28				
111	AM	Segment Identification		A/N	2	X(2)	Req	
355	NT	Other Payer ID Count		N	1	9(1)	Req	
338	5C	Other Payer Coverage Type		A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier		A/N	2	X(2)	Req	*Repeating-Field*
340	7C	Other Payer ID		A/N	10	X(10)	Req	*Repeating-Field*
356	NU	Other Payer Cardholder ID		A/N	20	X(20)	Req	*Repeating-Field*
992	MJ	Other Payer Group ID		A/N	15	X(15)	Req	*Repeating-Field*
143	UW	Other Payer Patient Relationship Code		N	1	9(1)	Req	*Repeating-Field*
144	UX	Other Payer Benefit Effective Date		N	8	9(8)	Req	*Repeating-Field*
145	UY	Other Payer Benefit Termination Date		N	8	9(8)	Req	*Repeating-Field*

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B3 Rebill Transaction Response

Field	Fie	eld ID							
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status	
					Accep	ted R	ejecte	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	3 Transaction Code			A/N	2	X(2)	Req	
109	Α9	Transaction C	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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B3 Rebill Transaction Response

Field	Fie	ld ID						
Numbe	r	Field Name	<u>.</u>		Format	Size	Pic	HFS Status
					Acce	oted R	ejecte	ed
Respo	nse In	surance	SITUATIONAL	Segment ID:	25			
111	AM	Segment Identi	fication		A/N	2	X(2)	Req
301	C1	Group ID			A/N	15	X(15)	Sit
524	FO	Plan ID			A/N	8	X(8)	Sit
545	2F	Network Reimb	oursement ID		A/N	10	X(10)	Sit
568	J7	Payer ID Qualif	ier		A/N	2	X(2)	Sit
569	J8	Payer ID			A/N	10	X(10)	Sit

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B3 Rebill Transaction Response

Field	Field Field ID							
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Accep	oted R	ejecte	d	
Respo	nse St	atus MANDATORY Segment I	D:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
510	FA	Reject Count		N	2	9(2)	Req	
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	Sit	*Repeating-Field*
130	UF	Additional Message Information Count		N	2	9(2)	Sit	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	
987	MA	URL		A/N	255	X(255)	Req	

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B3 Rebill Transaction Response

Field Numbe		ld ID Field Name	e		Format	Size	Pic	HFS Status	
					Accer	oted F	Rejecte	d	
Respo	nse Cl	aim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	ber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	ber	N	12	9(12)	Req	

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B3 Rebill Transaction Response

Field ID

Field

Number		Field Name	Field Name				Pic	HFS Status	S
					Accep	oted R	Rejecte	ed	
Respon	nse Dl	JR/PPS	SITUATIONAL	Segment ID:	24				
111	AM	Segment Identi	fication		A/N	2	X(2)	Req	
567	J6	DUR/PPS Respo	onse Code Counter		N	1	9(1)	Sit	*Repeating-Field*
439	E4	Reason For Serv	vice Code		A/N	2	X(2)	Sit	*Repeating-Field*
528	FS	Clinical Significa	ance Code		A/N	1	X(1)	Sit	*Repeating-Field*

9(1) *Repeating-Field* 529 FT Other Pharmacy Indicator Sit Ν 9(7)v999 Sit *Repeating-Field* **Quantity Of Previous Fill** 531 FV Ν 10 Previous Date Of Fill 9(8) *Repeating-Field* 530 FU Ν Sit 1 X(1) *Repeating-Field* 532 FW **Database Indicator** A/N Sit 9(1) *Repeating-Field* Other Prescriber Indicator 533 FX Ν Sit 30 X(30) *Repeating-Field* 544 FY **DUR Free Text Message** A/N Sit A/N 100 X(100) *Repeating-Field* **DUR Additional Text** 570 NS Sit

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B3 Rebill Transaction Response

Field	Fie	eld ID							
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status	
					Rejec	ted R	ejecte	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	3 Transaction Code			A/N	2	X(2)	Req	
109	Α9	Transaction C	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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B3 Rebill Transaction Response

Field	Fie	d ID						
Numbe	r	Field Name	Form	nat	Size	Pic	HFS Status	
			Re	ejec	ted R	ejecte	d	
Respo	nse St	atus MANDATORY Segment ID	: 21					
111	AM	Segment Identification	A/N	٧	2	X(2)	Req	
112	AN	Transaction Response Status	A/N	٧	1	X(1)	Req	
503	F3	Authorization Number	A/N	٧	20	X(20)	Req	
510	FA	Reject Count	N		2	9(2)	Req	
511	FB	Reject Code	A/N	٧	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator	N		2	9(2)	Sit	*Repeating-Field*
130	UF	Additional Message Information Count	N		2	9(2)	Sit	
132	UH	Additional Message Information Qualifier	A/N	٧	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information	A/N	٧	40	X(40)	Sit	*Repeating-Field*
131	UG	Additional Message Information Continuity	A/N	٧	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier	A/N	٧	2	X(2)	Req	
550	8F	Help Desk Phone Number	A/N	٧	18	X(18)	req	

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D1 Predetermination of Benefits Response

Field	_	eld ID					
Numbe	er	Field Name	Form	at Size	Pic	HFS Status	
			A	ccepted	Benef	it	
Respo	nse H	eader MANDATORY	Segment ID:				
102	A2	Version/Release Number	A/N	1 2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code	A/N	1 2	X(2)	Req	
109	Α9	Transaction Count	A/N	1	X(1)	Req	
501	F1	Header Response Status	A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifier	A/N	1 2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID	A/N	l 15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req	

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State of Illinois

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

D1 Predetermination of Benefits Response

Field	Field ID
rieiu	rieia ib

Number Field Name Format Size Pic HFS Status

Accepted Benefit

Respo	nse In	surance	SITUATIONAL	Segment	Segment ID: 25				
111	AM	Segment Identi	fication			A/N	2	X(2)	Req
302	C2	Cardholder ID				A/N	20	X(20)	Req

9 byte numeric HFS recipient number

for all transactions. For the

E1, Eligibility Verification transaction, a

9 byte numeric Social Security

Number is allowed.

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State of Illinois Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

D1 Predetermination of Benefits Response

Field	Fie	ld ID					
Number		Field Name		Format	Size	Pic	HFS Status
				Acce	pted	Benef	it
Respon	se Pa	atient Segment SITUATIONAL	Segment ID:	29			
111	AM	Segment Identification		A/N	2	X(2)	Req
310	CA	Patient First Name		A/N	12	X(12)	Req
311	СВ	Patient Last Name		A/N	15	X(15)	Req
304	C4	Date Of Birth		N	8	9(8)	Req

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D1 Predetermination of Benefits Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Acce	pted	Benefi	t	
Respor	nse St	atus MANDATORY Seg	gment ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Req	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Req	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Req	*Repeating-Field*
131	UG	Additional Message Information Continuity	У	A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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D1 Predetermination of Benefits Response

Field	Fie	eld ID							
Numbe	er	Field Name	е		Format	Size	Pic	HFS Status	
					Acce	pted	Benefi	t	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	nber	N	12	9(12)	Req	

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D1 Predetermination of Benefits Response

Field	Fiel	d ID					
Numbe	r	Field Name		Format	Size	Pic I	HFS Status
				Acce	pted	Benefit	
Respor	nse Pr	icing MANDATORY S	egment ID:	23			
111	AM	Segment Identification		A/N	2	X(2)	Req
505	F5	Patient Pay Amount		N	8	S9(6)v99	Req
517	FH	Amount Applied To Periodic Deductible		N	8	S9(6)v99	Sit
518	FI	Amount Of Copay/Coinsurance		N	8	S9(6)v99	Sit
520	FK	Amount Exceeding Periodic Benefit Max	imum	Ν	8	S9(6)v99	Sit
572	4U	Amount of Coinsurance		N	8	S9(6)v99	Sit
134	UK	Amount Attributed to Product Selection	/ Brand Drug	, N	8	S9(6)v99	Sit

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D1 Predetermination of Benefits Response

Field Numbe		ld ID Field Name	<u>.</u>		Format	Size	Pic I	HFS Status	
					Acce	pted	Benefit		
Respor	nse Dl	JR/PPS	SITUATIONAL	Segment ID:	24				
111	AM	Segment Identi	fication		A/N	2	X(2)	Req	
567	J6	DUR/PPS Respo	onse Code Counter		N	1	9(1)	Sit	*Repeating-Field*
439	E4	Reason For Serv	vice Code		A/N	2	X(2)	Sit	*Repeating-Field*
528	FS	Clinical Significa	ance Code		A/N	1	X(1)	Sit	*Repeating-Field*
529	FT	Other Pharmac	y Indicator		N	1	9(1)	Sit	*Repeating-Field*
531	FV	Quantity Of Pre	vious Fill		N	10	9(7)v999	9 Sit	*Repeating-Field*
530	FU	Previous Date C	of Fill		N	8	9(8)	Sit	*Repeating-Field*
532	FW	Database Indica	ator		A/N	1	X(1)	Sit	*Repeating-Field*
533	FX	Other Prescribe	er Indicator		N	1	9(1)	Sit	*Repeating-Field*
544	FY	DUR Free Text I	Message		A/N	30	X(30)	Sit	*Repeating-Field*
570	NS	DUR Additional	Text		A/N	100	X(100)	Sit	*Repeating-Field*

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D1 Predetermination of Benefits Response

Field Numbe		d ID Field Name	Format	Size	Pic	HFS Status		
				Acce	pted	Benef	it	
Respor	nse Co	oordination of SITUATIONAL Segment	ID:	28	•			
111	AM	Segment Identification		A/N	2	X(2)	Req	
338	5C	Other Payer Coverage Type		A/N	2	X(2)	Req	*Repeating-Field*
355	NT	Other Payer ID Count		N	1	9(1)	Sit	
339	6C	Other Payer ID Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID		A/N	10	X(10)	Sit	*Repeating-Field*
991	МН	Other Payer Processor Control Number		A/N	10	X(10)	Sit	*Repeating-Field*
356	NU	Other Payer Cardholder ID		A/N	20	X(20)	Sit	*Repeating-Field*
992	MJ	Other Payer Group ID		A/N	15	X(15)	Sit	*Repeating-Field*
142	UV	Other Payer Person Code		A/N	3	X(3)	Sit	*Repeating-Field*
127	UB	Other Payer Help Desk Phone Number		A/N	18	X(18)	Sit	*Repeating-Field*
143	UW	Other Payer Patient Relationship Code		N	1	9(1)	Sit	*Repeating-Field*
144	UX	Other Payer Benefit Effective Date		N	8	9(8)	Sit	*Repeating-Field*
145	UY	Other Payer Benefit Termination Date		N	8	9(8)	Sit	*Repeating-Field*

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D1 Predetermination of Benefits Response

Field	Fie	eld ID							
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status	
					Accep	ted R	Rejecte	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	se Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Co	ode		A/N	2	X(2)	Req	
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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State of Illinois

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

D1 Predetermination of Benefits Response

Field Field ID

Number Field Name Format Size Pic HFS Status

Accepted Rejected

Response Insurance SITUATIONAL Segment ID: 25

111 AM Segment Identification A/N 2 X(2) Req

302 C2 Cardholder ID A/N 20 X(20) Req

9 byte numeric HFS recipient number

for all transactions. For the

E1, Eligibility Verification transaction, a

9 byte numeric Social Security

Number is allowed.

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D1 Predetermination of Benefits Response

Field	Fie	ld ID					
Number		Field Name		Format	Size	Pic	HFS Status
				Accep	oted R	ejecte	ed
Respon	se Pa	itient Segment SITUATIONAL	Segment ID:	29			
111	AM	Segment Identification		A/N	2	X(2)	Req
310	CA	Patient First Name		A/N	12	X(12)	Sit
311	СВ	Patient Last Name		A/N	15	X(15)	Sit
304	C4	Date Of Birth		N	8	9(8)	Sit

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D1 Predetermination of Benefits Response

Field	Field Field ID							
Numbe	r	Field Name	Format	Size	Pic	HFS Status		
			Accepted Rejected					
Respo	nse St	atus MANDATORY Segment ID:	21					
111	AM	Segment Identification	A/N	2	X(2)	Req		
112	AN	Transaction Response Status	A/N	1	X(1)	Req		
503	F3	Authorization Number	A/N	20	X(20)	Req		
510	FA	Reject Count	N	2	9(2)	Req		
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*	
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	Req	*Repeating-Field*	
130	UF	Additional Message Information Count	N	2	9(2)	Req		
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Req	*Repeating-Field*	
526	FQ	Additional Message Information	A/N	40	X(40)	Req	*Repeating-Field*	
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*	
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req		
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req		
987	MA	URL	A/N	255	X(255)	Req		

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D1 Predetermination of Benefits Response

Field	Fie	eld ID							
Numbe	er	Field Nam	e		Format	Size	Pic	HFS Status	
					Accep	ted F	Rejecte	d	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	nber	N	12	9(12)	Req	

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D1 Predetermination of Benefits Response

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status	
				Accer	oted R	ejecte	ed	
Respo	nse Co	oordination of SITUATIONAL Se	egment ID:	28				
111	AM	Segment Identification		A/N	2	X(2)	Req	
355	NT	Other Payer ID Count		N	1	9(1)	Sit	
338	5C	Other Payer Coverage Type		A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID		A/N	10	X(10)	Sit	*Repeating-Field*
991	МН	Other Payer Processor Control Number		A/N	10	X(10)	Sit	*Repeating-Field*
356	NU	Other Payer Cardholder ID		A/N	20	X(20)	Sit	*Repeating-Field*
992	MJ	Other Payer Group ID		A/N	15	X(15)	Sit	*Repeating-Field*
142	UV	Other Payer Person Code		A/N	3	X(3)	Sit	*Repeating-Field*
127	UB	Other Payer Help Desk Phone Number		A/N	18	X(18)	Sit	*Repeating-Field*
143	UW	Other Payer Patient Relationship Code		N	1	9(1)	Sit	*Repeating-Field*
144	UX	Other Payer Benefit Effective Date		N	8	9(8)	Sit	*Repeating-Field*
145	UY	Other Paver Benefit Termination Date		N	8	9(8)	Sit	*Repeating-Field*

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D1 Predetermination of Benefits Response

Field	Fie	eld ID									
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status			
	Rejected Rejected										
Respo	nse H	eader	MANDATORY	Segment ID:							
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.		
103	А3	Transaction Co	ode		A/N	2	X(2)	Req			
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req			
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req			
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'		
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces		
401	D1	Date Of Service	ce		N	8	9(8)	Req			

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D1 Predetermination of Benefits Response

Field	ield Field ID							
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Rejec	cted R			
Respo	nse St	atus MANDATORY Segment II	D: 2	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
510	FA	Reject Count		N	2	9(2)	Req	
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	Sit	*Repeating-Field*
130	UF	Additional Message Information Count		N	2	9(2)	Req	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Req	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Req	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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E1 Eligibility Verification Response

Field	Fie	eld ID									
Numbe	Number Field Name					Size	Pic	HFS Status			
	Accepted Approved										
Respo	nse H	eader MAI	NDATORY	Segment ID:							
102	A2	Version/Release Nur	mber		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.		
103	А3	Transaction Code			A/N	2	X(2)	Req			
109	Α9	Transaction Count			A/N	1	X(1)	Req			
501	F1	Header Response St	atus		A/N	1	X(1)	Req			
202	B2	Service Provider ID (Qualifier		A/N	2	X(2)	Req	Valid value '01'		
201	B1	Service Provider ID			A/N	15	X(15)	Req	10 position NPI followed by 5 spaces		
401	D1	Date Of Service			N	8	9(8)	Req			

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State of Illinois

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

E1 Eligibility Verification Response

Field Field ID

Number Field Name Format Size Pic HFS Status

Accepted Approved

Response Insurance SITUATIONAL Segment ID: 25

111 AM Segment Identification A/N 2 X(2) Req 302 C2 Cardholder ID A/N 20 X(20) Req

9 byte numeric HFS recipient number

for all transactions. For the

E1, Eligibility Verification transaction, a

9 byte numeric Social Security

Number is allowed.

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E1 Eligibility Verification Response

Field	Fie	ld ID					
Number		Field Name		Format	Size	Pic	HFS Status
				Accep	ted A	pprov	ed
Respons	se Pa	atient Segment SITUATIONAL	Segment ID:	29			
111	AM	Segment Identification		A/N	2	X(2)	Req
310	CA	Patient First Name		A/N	12	X(12)	Req
311	СВ	Patient Last Name		A/N	15	X(15)	Req
304	C4	Date Of Birth		N	8	9(8)	Req

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E1 Eligibility Verification Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Accep	ted A	pprov	ed	
Respoi	nse St	atus MANDATORY Segmer	nt ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Req	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Req	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Req	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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E1 Eligibility Verification Response

Field	Fie	ld ID								
Numbe	r	Field Name		Format	Size	Pic	HFS Status			
				Accepted Approved						
Respo	nse Co	oordination of SITUATIONAL	Segment ID:	28						
111	AM	Segment Identification		A/N	2	X(2)	Req			
355	NT	Other Payer ID Count		N	1	9(1)	Req			
338	5C	Other Payer Coverage Type		A/N	2	X(2)	Req	${\rm *Repeating\text{-}Field\text{*}}$		
339	6C	Other Payer ID Qualifier		A/N	2	X(2)	Req	${\rm *Repeating\text{-}Field\text{*}}$		
340	7C	Other Payer ID		A/N	10	X(10)	Req	${\bf *Repeating\text{-}Field*}$		
992	MJ	Other Payer Group ID		A/N	15	X(15)	Req	${\rm *Repeating\text{-}Field\text{*}}$		
144	UX	Other Payer Benefit Effective Date		N	8	9(8)	Req	*Repeating-Field*		
145	UY	Other Payer Benefit Termination Date		N	8	9(8)	Req	*Repeating-Field*		

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E1 Eligibility Verification Response

Field	_	eld ID			Format						
Numbe	Number Field Name					Size	Pic	HFS Status			
	Accepted Rejected										
Respo	nse H	eader	MANDATORY	Segment ID:							
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.		
103	А3	Transaction Co	ode		A/N	2	X(2)	Req			
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req			
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req			
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'		
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces		
401	D1	Date Of Service	ce		N	8	9(8)	Req			

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State of Illinois

Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

E1 Eligibility Verification Response

Field	Fie	ld ID					
Number		Field Name		Format	Size	Pic	HFS Status
				Accer	oted R	Rejecte	ed
Respon	se Pa	atient Segment SITUATIONAL	Segment ID:	29			
111	AM	Segment Identification		A/N	2	X(2)	Req
310	CA	Patient First Name		A/N	12	X(12)	Sit
311	СВ	Patient Last Name		A/N	15	X(15)	Sit
304	C4	Date Of Birth		N	8	9(8)	Sit

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E1 Eligibility Verification Response

Field	Field Field ID								
Numbe	r	Field Name	Format	Size	Pic	HFS Status			
			Acce	oted F					
Respo	nse St	atus MANDATORY Segment ID:	21						
111	AM	Segment Identification	A/N	2	X(2)	Req			
112	AN	Transaction Response Status	A/N	1	X(1)	Req			
503	F3	Authorization Number	A/N	20	X(20)	Req			
510	FA	Reject Count	N	2	9(2)	Req			
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*		
130	UF	Additional Message Information Count	N	2	9(2)	Req			
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Req	*Repeating-Field*		
526	FQ	Additional Message Information	A/N	40	X(40)	Req	*Repeating-Field*		
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req			
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req			
987	MA	URL	A/N	255	X(255)	Req			

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E1 Eligibility Verification Response

Field	Fie	eld ID							
Numbe	Number Field Name			Format Size Pic HFS Status					
					Rejec	cted R	ejecte	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Co	ode		A/N	2	X(2)	Req	
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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E1 Eligibility Verification Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Rejec	cted R	ejecte	ed	
Respo	nse St	atus MANDATORY	Segment ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
510	FA	Reject Count		N	2	9(2)	Req	
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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P2 Prior Approval Reversal Response (Claim)

Field Numbe	_	eld ID Field Nam	ne		Format	Size	Pic	HFS Status	
					Accept	ted A	pprov	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction C	ode		A/N	2	X(2)	Req	
109	Α9	Transaction C	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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P2 Prior Approval Reversal Response (Claim)

Field	Fie	ld ID					
Numbe	r	Field Name	Forma	t Size	Pic	HFS Status	
			Acce	epted A	pprov	ed	
Respor	nse St	atus MANDATORY Segment ID): 21				
111	AM	Segment Identification	A/N	2	X(2)	Req	
112	AN	Transaction Response Status	A/N	1	X(1)	Req	
503	F3	Authorization Number	A/N	20	X(20)	Req	
130	UF	Additional Message Information Count	N	2	9(2)	Req	
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Req	*Repeating-Field*
526	FQ	Additional Message Information	A/N	40	X(40)	Req	*Repeating-Field*
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req	

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P2 Prior Approval Reversal Response (Claim)

Field	Fie	eld ID							
Numbe	Number Field Name				Format	Size	Pic	HFS Status	
					Accep	ted R	ejecte	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction C	ode		A/N	2	X(2)	Req	
109	Α9	Transaction C	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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P2 Prior Approval Reversal Response (Claim)

Field	Field Field ID								
Number Field Name				Size	Pic	HFS Status			
			Acce	oted F	Rejecte	ed			
Respo	nse St	atus MANDATORY Segment ID:	21						
111	AM	Segment Identification	A/N	2	X(2)	Req			
112	AN	Transaction Response Status	A/N	1	X(1)	Req			
503	F3	Authorization Number	A/N	20	X(20)	Req			
510	FA	Reject Count	N	2	9(2)	Req			
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*		
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	Sit	*Repeating-Field*		
130	UF	Additional Message Information Count	N	2	9(2)	Sit			
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*		
526	FQ	Additional Message Information	A/N	40	X(40)	Sit	*Repeating-Field*		
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req			
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req			

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P2 Prior Approval Reversal Response (Claim)

Field	_	eld ID		_				
Numbe	Number Field Name			Format	Size	Pic	HFS Status	
				Reject	ted R	ejecte	ed	
Respo	nse H	eader MANDATO	RY Segment ID:					
102	A2	Version/Release Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Code		A/N	2	X(2)	Req	
109	Α9	Transaction Count		A/N	1	X(1)	Req	
501	F1	Header Response Status		A/N	1	X(1)	Req	
202	B2	Service Provider ID Qualifie		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provider ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service		N	8	9(8)	Req	

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P2 Prior Approval Reversal Response (Claim)

Field	ield Field ID								
Number F		Field Name	Format	Size	Pic	HFS Status			
			Rejected Rejected						
Respo	nse St	atus MANDATORY Segment ID:	21						
111	AM	Segment Identification	A/N	2	X(2)	Req			
112	AN	Transaction Response Status	A/N	1	X(1)	Req			
503	F3	Authorization Number	A/N	20	X(20)	Req			
510	FA	Reject Count	N	2	9(2)	Req			
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*		
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	Sit	*Repeating-Field*		
130	UF	Additional Message Information Count	N	2	9(2)	Sit			
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*		
526	FQ	Additional Message Information	A/N	40	X(40)	Sit	*Repeating-Field*		
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req			
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req			

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P3 Prior Approval Inquiry Response (Claim)

Field Numbe	_	eld ID Field Nam	ne		Format	Size	Pic	HFS Status				
	Accepted Approved											
Respo	nse H	eader	MANDATORY	Segment ID:								
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.			
103	А3	Transaction Code			A/N	2	X(2)	Req				
109	Α9	Transaction C	ount		A/N	1	X(1)	Req				
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req				
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'			
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces			
401	D1	Date Of Service	ce		N	8	9(8)	Req				

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P3 Prior Approval Inquiry Response (Claim)

Field	Fiel	ld ID						
Number		Field Name		Format	Size	Pic	HFS Status	
				Accep	ted A	pprov	ed	
Respons	se Sta	atus MANDATORY Segme	nt ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Sit	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	eld ID							
Numbe	er	Field Name	e		Format	Size	Pic	HFS Status	
					Accep	ted A	pprove	ed	
Respo	nse C	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Nun	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Nun	nber	N	12	9(12)	Req	

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P3 Prior Approval Inquiry Response (Claim)

Field	Fiel	d ID					
Number		Field Name		Format	Size	Pic	HFS Status
				Accep	ted A	pprov	ed
Respons	se Pr	ior Authorization MANDATORY	Segment ID:	26			
111	AM	Segment Identification		A/N	2	X(2)	Req
498	PR	Prior Authorization Processed Date		N	8	9(8)	Req
498	PS	Prior Authorization Effective Date		N	8	9(8)	Req
498	PT	Prior Authorization Expiration Date		N	8	9(8)	Req
498	PY	Prior Authorization Number Assigned		N	11	9(11)	Req

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	eld ID							
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status	
					Accep	ted C	apture	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	se Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Co	ode		A/N	2	X(2)	Req	
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Accep	ted C	apture	ed	
Respor	nse St	atus MANDATORY Segm	ent ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Req	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Req	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Req	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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P3 Prior Approval Inquiry Response (Claim)

Field	_	eld ID			Forms of	C:	D: a	LIEC Chahua					
Number Field Name					Format	Size	Pic	HFS Status					
	Accepted Deferred												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req					
103	А3	Transaction Co	ode		A/N	2	X(2)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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P3 Prior Approval Inquiry Response (Claim)

Field	Fiel	ld ID							
Number	-	Field Name	9		Format	Size	Pic	HFS Status	
					Accep	oted D	eferre	ed	
Respor	se St	atus	MANDATORY	Segment ID:	21				
111	AM	Segment Identi	fication		A/N	2	X(2)	Req	
112	AN	Transaction Res	sponse Status		A/N	1	X(1)	Req	
503	F3	Authorization N	Number		A/N	20	X(20)	Req	
130	UF	Additional Mes	sage Information Cou	nt	N	2	9(2)	Req	
132	UH	Additional Mes	sage Information Qua	lifier	A/N	2	X(2)	Req	*Repeating-Field*
526	FQ	Additional Mes	sage Information		A/N	40	X(40)	Req	*Repeating-Field*
131	UG	Additional Mes	sage Information Con	tinuity	A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phon	ne Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phon	ne Number		A/N	18	X(18)	Req	

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	eld ID							
Numbe	er	Field Name	e		Format	Size	Pic	HFS Status	
					Accep	ted [Deferre	d	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	nber	N	12	9(12)	Req	

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P3 Prior Approval Inquiry Response (Claim)

Field	Fiel	ld ID					
Number		Field Name		Format	Size	Pic	HFS Status
				Accep	oted D	eferre	ed
Respons	se Pr	ior AuthorizationSITUATIONAL	Segment ID:	26			
111	AM	Segment Identification		A/N	2	X(2)	Req
498	PR	Prior Authorization Processed Date		N	8	9(8)	Req
498	PS	Prior Authorization Effective Date		N	8	9(8)	Req
498	PT	Prior Authorization Expiration Date		N	8	9(8)	Req
498	PΥ	Prior Authorization Number Assigned		N	11	9(11)	Req

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	eld ID											
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status					
	Accepted Rejected												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction C	ode		A/N	2	X(2)	Req					
109	Α9	Transaction C	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	ld ID							
Numbe	r	Field Name	Format	Size	Pic	HFS Status			
			Acce	Accepted Rejected					
Respo	nse St	atus MANDATORY Segment ID:	21						
111	AM	Segment Identification	A/N	2	X(2)	Req			
112	AN	Transaction Response Status	A/N	1	X(1)	Req			
503	F3	Authorization Number	A/N	20	X(20)	Req			
510	FA	Reject Count	N	2	9(2)	Req			
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*		
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	Sit	*Repeating-Field*		
130	UF	Additional Message Information Count	N	2	9(2)	Req			
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Req	*Repeating-Field*		
526	FQ	Additional Message Information	A/N	40	X(40)	Req	*Repeating-Field*		
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req			
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req			

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	eld ID							
Numbe	er	Field Name	e		Format	Size	Pic	HFS Status	
					Accep	ted F	Rejecte	d	
Respo	nse C	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Nun	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Nun	nber	N	12	9(12)	Req	

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	eld ID											
Numbe	er	Field Nam		Format	Size	Pic	HFS Status						
	Rejected Rejected												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction C	ode		A/N	2	X(2)	Req					
109	A9	Transaction C	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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P3 Prior Approval Inquiry Response (Claim)

Field	Fie	ld ID					
Numbe	r	Field Name	Format	Size	Pic	HFS Status	
			Rejec				
Respo	nse St	atus MANDATORY Segment ID:	21				
111	AM	Segment Identification	A/N	2	X(2)	Req	
112	AN	Transaction Response Status	A/N	1	X(1)	Req	
503	F3	Authorization Number	A/N	20	X(20)	Req	
510	FA	Reject Count	N	2	9(2)	Req	
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	Sit	*Repeating-Field*
130	UF	Additional Message Information Count	N	2	9(2)	Sit	
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information	A/N	40	X(40)	Sit	*Repeating-Field*
131	UG	Additional Message Information Continuity	A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req	

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P4 Prior Approval Request Only Response (Claim)

Field	Fie	eld ID							
Numbe	Number Field Name					Size	Pic	HFS Status	
					Accep	ted D	eferre	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Co	ode		A/N	2	X(2)	Req	
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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P4 Prior Approval Request Only Response (Claim)

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Accep	ted D	eferre	ed	
Respo	nse St	atus MANDATORY Segr	ment ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Req	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Req	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Req	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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P4 Prior Approval Request Only Response (Claim)

Field	Fie	eld ID							
Numbe	er	Field Nam	e		Format	Size	Pic	HFS Status	
					Accep	ted D	eferre	ed	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/So	ervice Reference Nur	mber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Nur	mber	N	12	9(12)	Req	

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P4 Prior Approval Request Only Response (Claim)

Field	Fiel	ld ID					
Number		Field Name		Format	Size	Pic	HFS Status
				Accep	oted D	eferre	ed
Respons	se Pr	ior AuthorizationSITUATIONAL	Segment ID:	26			
111 /	ΑM	Segment Identification		A/N	2	X(2)	Req
498 I	PR	Prior Authorization Processed Date		N	8	9(8)	Req
498 I	PΥ	Prior Authorization Number Assigned		N	11	9(11)	Sit

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P4 Prior Approval Request Only Response (Claim)

Field	Fie	eld ID											
Numbe	Number Field Name					Size	Pic	HFS Status					
	Accepted Rejected												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction Co	ode		A/N	2	X(2)	Req					
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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P4 Prior Approval Request Only Response (Claim)

Field	Field Field ID									
Numbe	r	Field Name	Form	nat	Size	Pic	HFS Status			
			Ac	Accepted Rejected						
Respo	nse St	atus MANDATORY Segment II	D: 21							
111	AM	Segment Identification	A/N	١	2	X(2)	Req			
112	AN	Transaction Response Status	A/N	١	1	X(1)	Req			
503	F3	Authorization Number	A/N	١	20	X(20)	Req			
510	FA	Reject Count	N		2	9(2)	Req			
511	FB	Reject Code	A/N	١	3	X(3)	Req	*Repeating-Field*		
546	4F	Reject Field Occurrence Indicator	N		2	9(2)	Sit	*Repeating-Field*		
130	UF	Additional Message Information Count	N		2	9(2)	Req			
132	UH	Additional Message Information Qualifier	A/N	١	2	X(2)	Req	*Repeating-Field*		
526	FQ	Additional Message Information	A/N	١	40	X(40)	Req	*Repeating-Field*		
131	UG	Additional Message Information Continuity	A/N	١	1	X(1)	Sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier	A/N	١	2	X(2)	Req			
550	8F	Help Desk Phone Number	A/N	N	18	X(18)	Req			

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P4 Prior Approval Request Only Response (Claim)

Field	Fie	eld ID							
Numbe	er	Field Name	e		Format	Size	Pic	HFS Status	
					Accep	ted F	Rejecte	d	
Respo	nse C	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Nun	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Nun	nber	N	12	9(12)	Req	

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P4 Prior Approval Request Only Response (Claim)

Field	Fie	eld ID											
Numbe	er	Field Nam		Format	Size	Pic	HFS Status						
	Rejected Rejected												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction Co	ode		A/N	2	X(2)	Req					
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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P4 Prior Approval Request Only Response (Claim)

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Rejec	cted R	ejecte	d	
Respo	nse St	atus MANDATORY	Segment ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
510	FA	Reject Count		N	2	9(2)	Req	
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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S1 Service Billing Response

Field	Fie	eld ID							
Numbe	Number Field Name					Size	Pic	HFS Status	
					Acc	cepted	d Paid		
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	ase Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction C	ode		A/N	2	X(2)	Req	
109	A9	Transaction C	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	der ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	der ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Servi	ce		N	8	9(8)	Req	

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S1 Service Billing Response

Field Field ID

Number Field Name Format Size Pic HFS Status

Accepted Paid

Response Insurance SITUATIONAL Segment ID: 25

111 AM Segment Identification A/N 2 X(2) Req 302 C2 Cardholder ID A/N 20 X(20) Req

9 byte numeric HFS recipient number

for all transactions. For the

E1, Eligibility Verification transaction, a

9 byte numeric Social Security

Number is allowed.

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S1 Service Billing Response

Field	Fiel	ld ID						
Number	•	Field Name		Format	Size	Pic	HFS Status	
				Acc	cepted	d Paid		
Respon	se St	atus MANDATORY Segment	t ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Sit	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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S1 Service Billing Response

Field	Fie	eld ID							
Numbe	er	Field Nam	e		Format	Size	Pic	HFS Status	
					Aco	epte	d Paid		
Respo	nse C	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/S	ervice Reference Nun	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/S	ervice Reference Nun	nber	N	12	9(12)	Req	

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S1 Service Billing Response

Field	Fie	d ID					
Numbe	r	Field Name		Format	Size	Pic H	FS Status
				Acc	epted	l Paid	
Respor	nse Pr	icing MANDATORY Segment	ID:	23			
111	AM	Segment Identification		A/N	2	X(2)	Req
505	F5	Patient Pay Amount		N	8	S9(6)v99	Req
562	J1	Professional Service Fee Paid		N	8	S9(6)v99	Req
566	J5	Other Payer Amount Recognized		N	8	S9(6)v99	Sit
509	F9	Total Amount Paid		N	8	S9(6)v99	Req

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S1 Service Billing Response

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status				
		. 10.0 . 10					• • • • • • • • • • • • • • • • • •				
Accepted Paid											
Respoi	nse Co	pordination of SITUATIONAL Segment	ID:	28							
111	AM	Segment Identification		A/N	2	X(2)	Req				
355	NT	Other Payer ID Count		N	1	9(1)	Req				
338	5C	Other Payer Coverage Type		A/N	2	X(2)	Req	*Repeating-Field*			
339	6C	Other Payer ID Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*			
340	7C	Other Payer ID		A/N	10	X(10)	Sit	*Repeating-Field*			
991	МН	Other Payer Processor Control Number		A/N	10	X(10)	Sit	*Repeating-Field*			
356	NU	Other Payer Cardholder ID		A/N	20	X(20)	Sit	*Repeating-Field*			
992	MJ	Other Payer Group ID		A/N	15	X(15)	Sit	*Repeating-Field*			
142	UV	Other Payer Person Code		A/N	3	X(3)	Sit	*Repeating-Field*			
127	UB	Other Payer Help Desk Phone Number		A/N	18	X(18)	Sit	*Repeating-Field*			
143	UW	Other Payer Patient Relationship Code		N	1	9(1)	Sit	*Repeating-Field*			
144	UX	Other Payer Benefit Effective Date		N	8	9(8)	Sit	*Repeating-Field*			
145	UY	Other Payer Benefit Termination Date		N	8	9(8)	Sit	*Repeating-Field*			

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S1 Service Billing Response

Field	_	eld ID											
Number Field Name					Format	Size	Pic	HFS Status					
	Accepted Rejected												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction Co	ode		A/N	2	X(2)	Req					
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

S1 Service Billing Response

Field Field ID

Number Field Name Format Size Pic HFS Status

Accepted Rejected

Response Insurance SITUATIONAL Segment ID: 25

111 AM Segment Identification A/N 2 X(2) Req 302 C2 Cardholder ID A/N 20 X(20) Req

9 byte numeric HFS recipient number

for all transactions. For the

E1, Eligibility Verification transaction, a

9 byte numeric Social Security

Number is allowed.

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S1 Service Billing Response

Field	Field Field ID									
Numbe	umber Field Name				Size	Pic	HFS Status			
				Accep	oted R	ejecte	d			
Respo	nse St	atus MANDATORY Segment I	ID:	21						
111	AM	Segment Identification		A/N	2	X(2)	Req			
112	AN	Transaction Response Status		A/N	1	X(1)	Req			
503	F3	Authorization Number		A/N	20	X(20)	Req			
510	FA	Reject Count		N	2	9(2)	Req			
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*		
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	sit	*Repeating-Field*		
130	UF	Additional Message Information Count		N	2	9(2)	sit			
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	sit	*Repeating-Field*		
526	FQ	Additional Message Information		A/N	40	X(40)	sit	*Repeating-Field*		
131	UG	Additional Message Information Continuity		A/N	1	X(1)	sit	*Repeating-Field*		
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req			
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req			
987	MA	URL		A/N	255	X(255)	Req			

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S1 Service Billing Response

Field	Fie	eld ID							
Numbe	er	Field Nam	e		Format	Size	Pic	HFS Status	
					Accep	ted F	Rejecte	d	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	nber	N	12	9(12)	Req	

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S1 Service Billing Response

Field Numbe	_	eld ID Field Nam	ne.		Format	Size	Pic	HFS Status					
Numbe	-1	ricia ivan			Torritat	JIZC	110	in 5 Status					
	Rejected Rejected												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction Co	ode		A/N	2	X(2)	Req					
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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S1 Service Billing Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Rejed	cted R	ejecte	d	
Respo	nse St	atus MANDATORY	Segment ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
510	FA	Reject Count		N	2	9(2)	Req	
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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S2 Service Reversal Response

Field Numbe	_	eld ID Field Nam	ne		Format	Size	Pic	HFS Status					
	Accepted Approved												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction C	ode		A/N	2	X(2)	Req					
109	Α9	Transaction C	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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S2 Service Reversal Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Accep	ted A	pprove	ed	
Respo	nse St	atus MANDATORY Seg	gment ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Sit	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	*Repeating-Field*
131	UG	Additional Message Information Continuit	:у	A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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S2 Service Reversal Response

Field Numbe		eld ID Field Nam	e		Format	Size	Pic	HFS Status	
					Accep	ted A	pprove	ed	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/So	ervice Reference Nun	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	nber	N	12	9(12)	Req	

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S2 Service Reversal Response

Field Numbe		eld ID Field Nam	e		Format	Size	Pic	HFS Status	
					Accep	oted R	ejecte	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	se Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction Co	ode		A/N	2	X(2)	Req	
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	er ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	er ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Servic	e		N	8	9(8)	Req	

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S2 Service Reversal Response

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status	
				Accer		ejecte		
Respoi	าse St	atus MANDATORY Segn	ment ID:	21		-		
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
510	FA	Reject Count		N	2	9(2)	Req	
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	Sit	*Repeating-Field*
130	UF	Additional Message Information Count		N	2	9(2)	Sit	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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State of Illinois Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

S2 Service Reversal Response

Field	Fie	eld ID							
Numbe	er	Field Nam	e		Format	Size	Pic	HFS Status	
					Accep	ted F	Rejecte	d	
Respo	nse Cl	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	ber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	ber	N	12	9(12)	Req	

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S2 Service Reversal Response

Field	Fie	eld ID							
Numbe	er	Field Nam	ne		Format	Size	Pic	HFS Status	
					Rejec	ted R	ejecte	ed	
Respo	nse H	eader	MANDATORY	Segment ID:					
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.
103	А3	Transaction C	ode		A/N	2	X(2)	Req	
109	Α9	Transaction C	ount		A/N	1	X(1)	Req	
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req	
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces
401	D1	Date Of Service	ce		N	8	9(8)	Req	

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S2 Service Reversal Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Rejed	cted R	ejecte	d	
Respo	nse St	atus MANDATORY	Segment ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
510	FA	Reject Count		N	2	9(2)	Req	
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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S3 Service Rebill Response

Field	Fie	eld ID											
Numbe	Number Field Name				Format	Size	Pic	HFS Status					
	Accepted Paid												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	se Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction Co	ode		A/N	2	X(2)	Req					
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	nse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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S3 Service Rebill Response

Field Field ID

Number Field Name Format Size Pic HFS Status

Accepted Paid

Response Insurance SITUATIONAL Segment ID: 25

111 AM Segment Identification A/N 2 X(2) Req 302 C2 Cardholder ID A/N 20 X(20) Req

9 byte numeric HFS recipient number

for all transactions. For the

E1, Eligibility Verification transaction, a

9 byte numeric Social Security

Number is allowed.

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S3 Service Rebill Response

Field	Fie	ld ID						
Numbe	r	Field Name		Format	Size	Pic	HFS Status	
				Acc	cepted	d Paid		
Respo	nse St	atus MANDATORY Segment	ID:	21				
111	AM	Segment Identification		A/N	2	X(2)	Req	
112	AN	Transaction Response Status		A/N	1	X(1)	Req	
503	F3	Authorization Number		A/N	20	X(20)	Req	
130	UF	Additional Message Information Count		N	2	9(2)	Sit	
132	UH	Additional Message Information Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
526	FQ	Additional Message Information		A/N	40	X(40)	Sit	*Repeating-Field*
131	UG	Additional Message Information Continuity		A/N	1	X(1)	Sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req	

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S3 Service Rebill Response

Field	Fie	eld ID							
Numbe	er	Field Nam	e		Format	Size	Pic	HFS Status	
					Aco	epte	d Paid		
Respo	nse C	laim	MANDATORY	Segment ID:	22				
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	nber	N	12	9(12)	Req	

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S3 Service Rebill Response

Field	Fiel	d ID					
Number	•	Field Name		Format	Size	Pic H	FS Status
				Acc	epted	l Paid	
Respon	se Pr	icing MANDATORY Segment	t ID:	23			
111	AM	Segment Identification		A/N	2	X(2)	Req
505	F5	Patient Pay Amount		N	8	S9(6)v99	Req
562	J1	Professional Service Fee Paid		N	8	S9(6)v99	Req
566	J5	Other Payer Amount Recognized		N	8	S9(6)v99	Sit
509	F9	Total Amount Paid		N	8	S9(6)v99	Req

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S3 Service Rebill Response

Field Numbe		ld ID Field Name		Format	Size	Pic	HFS Status	
		. 10.0						
				Acc	cepted	l Paid		
Respor	nse Co	oordination of SITUATIONAL Segment	ID:	28				
111	AM	Segment Identification		A/N	2	X(2)	Req	
355	NT	Other Payer ID Count		N	1	9(1)	Req	
338	5C	Other Payer Coverage Type		A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier		A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID		A/N	10	X(10)	Sit	*Repeating-Field*
991	МН	Other Payer Processor Control Number		A/N	10	X(10)	Sit	*Repeating-Field*
356	NU	Other Payer Cardholder ID		A/N	20	X(20)	Sit	*Repeating-Field*
992	MJ	Other Payer Group ID		A/N	15	X(15)	Sit	*Repeating-Field*
142	UV	Other Payer Person Code		A/N	3	X(3)	Sit	*Repeating-Field*
127	UB	Other Payer Help Desk Phone Number		A/N	18	X(18)	Sit	*Repeating-Field*
143	UW	Other Payer Patient Relationship Code		N	1	9(1)	Sit	*Repeating-Field*
144	UX	Other Payer Benefit Effective Date		N	8	9(8)	Sit	*Repeating-Field*
145	UY	Other Payer Benefit Termination Date		N	8	9(8)	Sit	*Repeating-Field*

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S3 Service Rebill Response

Field	_	eld ID											
Number Field Name					Format	Size	Pic	HFS Status					
	Accepted Rejected												
Respo	nse H	eader	MANDATORY	Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.				
103	А3	Transaction Co	ode		A/N	2	X(2)	Req					
109	Α9	Transaction Co	ount		A/N	1	X(1)	Req					
501	F1	Header Respo	onse Status		A/N	1	X(1)	Req					
202	B2	Service Provid	ler ID Qualifier		A/N	2	X(2)	Req	Valid value '01'				
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces				
401	D1	Date Of Service	ce		N	8	9(8)	Req					

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Department of Healthcare and Family Services Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

S3 Service Rebill Response

Field Field ID

Number Field Name Format Size Pic HFS Status

Accepted Rejected

Response Insurance SITUATIONAL Segment ID: 25

111 AM Segment Identification A/N 2 X(2) Req 302 C2 Cardholder ID A/N 20 X(20) Req

9 byte numeric HFS recipient number

for all transactions. For the

E1, Eligibility Verification transaction, a

9 byte numeric Social Security

Number is allowed.

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S3 Service Rebill Response

Field	Fie	ld ID					
Numbe	r	Field Name	Format	Size	Pic	HFS Status	
			Acce				
Respo	nse St	atus MANDATORY Segment ID:	21				
111	AM	Segment Identification	A/N	2	X(2)	Req	
112	AN	Transaction Response Status	A/N	1	X(1)	Req	
503	F3	Authorization Number	A/N	20	X(20)	Req	
510	FA	Reject Count	N	2	9(2)	Req	
511	FB	Reject Code	A/N	3	X(3)	Req	*Repeating-Field*
546	4F	Reject Field Occurrence Indicator	N	2	9(2)	sit	*Repeating-Field*
130	UF	Additional Message Information Count	N	2	9(2)	sit	
132	UH	Additional Message Information Qualifier	A/N	2	X(2)	sit	*Repeating-Field*
526	FQ	Additional Message Information	A/N	40	X(40)	sit	*Repeating-Field*
131	UG	Additional Message Information Continuity	A/N	1	X(1)	sit	*Repeating-Field*
549	7F	Help Desk Phone Number Qualifier	A/N	2	X(2)	Req	
550	8F	Help Desk Phone Number	A/N	18	X(18)	Req	
987	MA	URL	A/N	255	X(255)	Req	

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S3 Service Rebill Response

Field	Fie	eld ID							
Numbe	er	Field Nam	e		Format	Size	Pic	HFS Status	
					Accep	ted F	Rejecte	d	
Response Claim MANDATORY			Segment ID:	22					
111	AM	Segment Ident	ification		A/N	2	X(2)	Req	
455	EM	Prescription/Se	ervice Reference Num	nber Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Se	ervice Reference Num	nber	N	12	9(12)	Req	

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S3 Service Rebill Response

Field Numbe		eld ID Field Nam	ne		Format	Size	Pic	HFS Status				
Rejected Rejected												
Response Header MANDATORY			Segment ID:									
102	A2	Version/Relea	ise Number		A/N	2	X(2)	Req	Valid value 'D0' for all transactions.			
103	А3	Transaction Code			A/N	2	X(2)	Req				
109	Α9	Transaction Count			A/N	1	X(1)	Req				
501	F1	Header Response Status			A/N	1	X(1)	Req				
202	B2	Service Provider ID Qualifier			A/N	2	X(2)	Req	Valid value '01'			
201	B1	Service Provid	ler ID		A/N	15	X(15)	Req	10 position NPI followed by 5 spaces			
401	D1	Date Of Service	ce		N	8	9(8)	Req				

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S3 Service Rebill Response

Field Field ID									
Number Field Name				Format	Size	Pic	HFS Status		
				Rejec					
Respo	nse St	atus MANDATORY	Segment ID:	21					
111	AM	Segment Identification		A/N	2	X(2)	Req		
112	AN	Transaction Response Status		A/N	1	X(1)	Req		
503	F3	Authorization Number		A/N	20	X(20)	Req		
510	FA	Reject Count		N	2	9(2)	Req		
511	FB	Reject Code		A/N	3	X(3)	Req	*Repeating-Field*	
546	4F	Reject Field Occurrence Indicator		N	2	9(2)	Sit	${\rm *Repeating\text{-}Field*}$	
549	7F	Help Desk Phone Number Qualifier		A/N	2	X(2)	Req		
550	8F	Help Desk Phone Number		A/N	18	X(18)	Req		

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